

OUR GOAL: Children will be safe from abuse and neglect

The Children's Administration received referrals regarding two boys ages 6 and 12 who were living in horrible filth. The allegations went on to say that their mother had a hard time controlling the boys and frequently resorted to screaming, name calling, and slapping the boys. Referents reported that the clutter and debris in the home was so extensive that people did not need to enter the home; they could see the garbage through the exterior windows. Those who did enter the home reported numerous hazards to the children including unrefrigerated meat and dairy products laying about, knives scattered throughout the home and mold growing throughout. The mold was of particular concern because the six-year-old suffered from severe asthma. In addition the boys both suffered from other conditions including Attention Deficit Hyperactivity Disorder, conduct disorder, and allergies. The children's medications were often either overlooked or scattered throughout the house.

Social workers discovered an overwhelmed mother who simply did not have the skills or the energy to improve living conditions on her own. The children were placed with their grandmother temporarily while the mother worked on the home. The social worker explained to the mom, "The department wants to help you learn how to maintain a safe environment for your children." Children's Administration introduced Family Preservation Services (FPS) into the home. Children's Administration staff supported the mother in cleaning the home and helped her work on anger management and positive parenting skills.

The next home visit revealed an environment improved to the point that the boys could go home. On each subsequent home visit, the social worker found the home in continually improved condition. The mother and boys finally moved to a new home and the mother was able to maintain a safe and sanitary environment. On the most recent home visit, the social worker reported, "The apartment was the best it has ever been; even the kitchen and bathroom were thoroughly cleaned." The boys were interacting with their mother and seemed to be enjoying themselves. The FPS specialist and social worker both observed that the mom was applying the parenting skills she had gained through the process.

Prior to CA successfully closing this case the social worker reported that the mother had expressed appreciation for the support provided by the administration.



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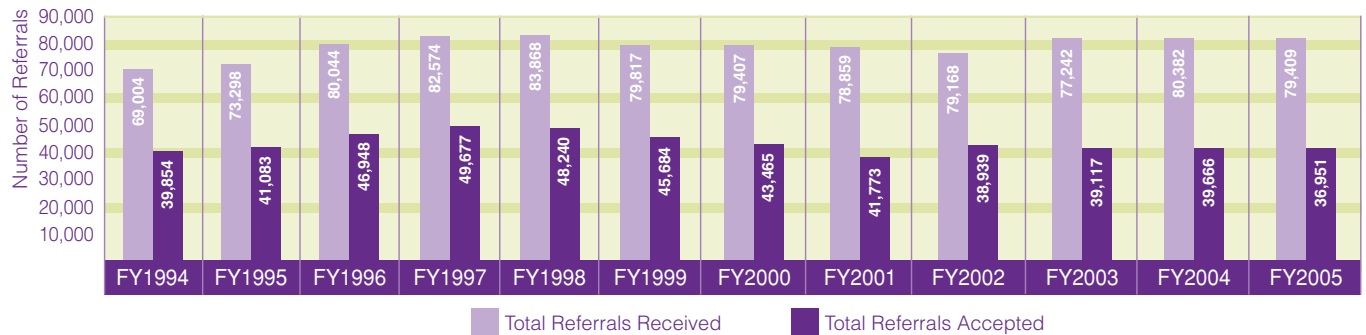
The Children's Administration has as its main priority ensuring that children are safe from harm. The administration depends upon the caring, conscientiousness, and right action of relatives, neighbors, schoolteachers, doctors, and concerned community members to know when a child is at risk of harm.

A concerned citizen may act on behalf of a vulnerable child simply by placing a call to Child Protective Services (CPS). When a call comes into CPS, the social worker receiving the report must make screening decisions based upon the information provided.

More than 79,000 referrals of suspected abuse or neglect were reported in Fiscal Year 2005. Of those, more than 36,000 met the legal definition of abuse or neglect and were investigated by the administration.

More than 4,700 families with children deemed at low risk of harm were directed to community-based contracted agencies that make up the Alternative Response System (ARS).

Child Protective Services Referrals*



If a referral meets legal criteria to be “accepted” for investigation, the level of severity is evaluated and an investigating social worker responding to the allegation must assess the child’s safety within prescribed response times.

* Number of referrals received based upon fiscal year. Includes Division of Children and Family Services (DCFS) and Division of Licensed Resources (DLR) Child Protective Services referrals.

Did you know?

Children are trampled by methamphetamine. When they grow up in a home with a meth lab, they inhale volatile fumes and can be burned by the caustic chemicals used to manufacture meth. They live amid household garbage, domestic violence, sex and pornography; poor nutrition; weapons and booby traps. Raw materials used to make meth are stored throughout the house. They play outside where hazardous byproducts are dumped and burned. Some are locked in rooms for days at a time by parents who don't want their kids to see them getting high on meth and then forget to let them out.

Health Effects

Poor hygiene
Malnourishment
Respiratory ailments

Social Effects

Toddler: Play violently
Childhood: Isolated from mainstream society
Adolescence: Focus on using & manufacturing drugs

Emotional Effects:

Insecure
Withdrawn
Low self-esteem

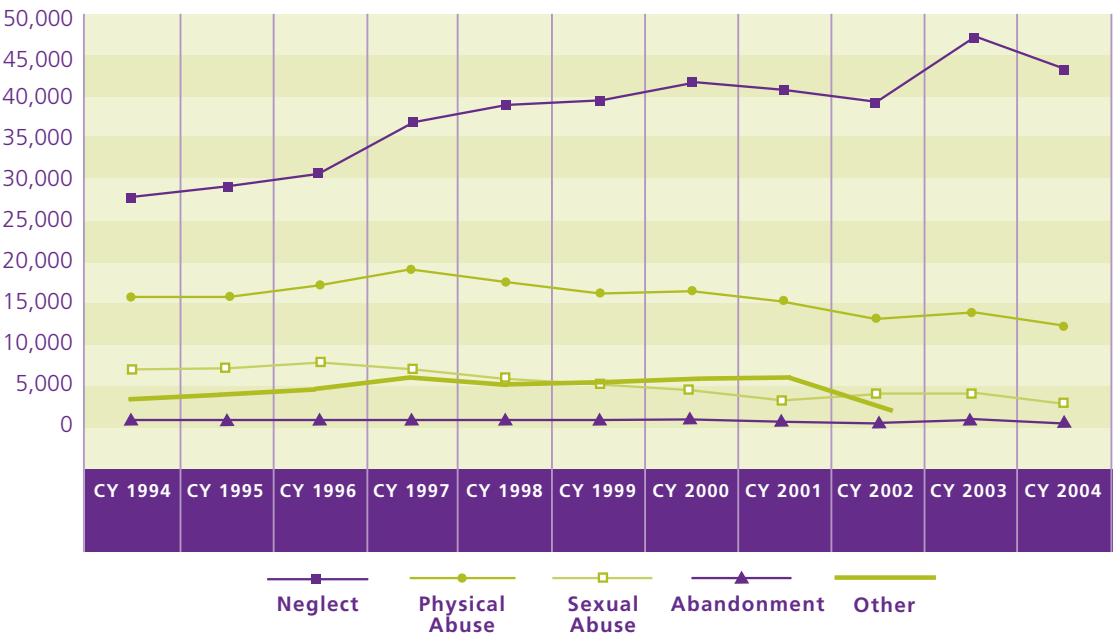
In response to this problem, Washington communities are forming interdisciplinary teams to identify the children at risk, implement response policies, and develop resources to appropriately meet the children's needs.

Source: Office of National Drug Control Policy (ONDCP) Northwest High Intensity Drug Trafficking Area (NHIDTA)

The administration monitors the number of referrals received annually as well as the number of cases in which children were found to have been abused or neglected. In addition to reporting the number of child abuse and neglect cases, the administration tracks types of abuse and neglect.

Over the ten year period reported, nearly all types of abuse have shown a leveling off or a decrease; such has not been the case with neglect. Neglect has increased dramatically over the course of the past ten years. In 2007, the definition of neglect will expand as the result of a law passed in 2005. Children's Administration field staff cite anecdotal evidence suggesting a relationship between the increase in methamphetamine abuse and the increase in child neglect statewide.

Alleged CPS Victims in Accepted Referrals by Type of Abuse*



* Number of child victims by type of abuse. Prior to 2003, additional breakout categories were reported and represented as "Other" which included: prenatal neglect, mental injury, exploitation, emotional abuse and death. This chart is based upon calendar year rather than fiscal year calculations to retain the historical trends. Most other referral data is based upon fiscal year.
Source: CAMIS-Each victim may be reported for more than one type of abuse.

What is the legal definition of child abuse and neglect?

Washington State law defines child abuse or neglect by a parent or caregiver as follows:

“Child abuse or neglect shall mean the injury, sexual abuse, or negligent treatment or maltreatment of a child by any person under circumstances which indicate that the child’s health, welfare and safety is harmed thereby.”* (RCW 26.44.020)

What are the types of abuse and neglect?

According to Washington Administrative Code (WAC 388-15-009 and WAC 388-15-011) the following information provides comprehensive definitions and descriptions of what constitutes child abuse and neglect.

Physical Abuse: Physical abuse means the non-accidental infliction of physical injury or physical mistreatment on a child. Physical abuse includes, but is not limited to, such actions as:

- (a) Throwing, kicking, burning or cutting a child;
- (b) Striking a child with a closed fist;
- (c) Shaking a child under age three;
- (d) Interfering with a child’s breathing;
- (e) Threatening a child with a deadly weapon; or
- (f) Doing any other act that is likely to cause and which does cause bodily harm greater than transient pain or minor temporary marks or which is injurious to the child’s health, welfare and safety.

Sexual Abuse: Sexual abuse means committing or allowing to be committed any sexual offense, as defined in the criminal code, against a child. The intentional touching, either directly or through clothing, of the sexual or other intimate parts of a child or allowing, permitting, compelling, encouraging, aiding, or otherwise causing a child to engage in touching the sexual or other intimate parts of another for the purpose of gratifying the sexual desire of the person touching the child, the child, or a third party.

Sexual Exploitation: Sexual exploitation includes, but is not limited to, such actions as allowing, permitting, compelling, encouraging, aiding, or otherwise causing a child to engage in:

- (a) Prostitution;
- (b) Sexually explicit, obscene or pornographic activity to be photographed, filmed or electronically reproduced or transmitted; or
- (c) Sexually explicit, obscene or pornographic activity as part of a live performance, or for the benefit or sexual gratification of another person.

*Parent or caregiver abuse does not include third party abuse which involves the abuse of a child by someone other than that child’s parent or guardian

Negligent Treatment: Negligent treatment or maltreatment means an act or failure on the part of the child's parent, legal custodian, guardian or caregiver that shows a serious disregard of the consequences to a child of such magnitude that it creates a clear and present danger to the child's health, welfare, and safety. A child does not have to suffer actual damage or physical or emotional harm to be in circumstances which create a clear and present danger to the child's health, welfare and safety. Negligent treatment or maltreatment includes, but is not limited to:

- (a) Failure to provide adequate food, shelter, clothing, supervision, or health care necessary for a child's health, welfare and safety. Poverty and/or homelessness do not constitute negligent treatment or maltreatment;
- (b) Actions, failures to act, or omissions that result in injury to or which create a substantial risk of injury to the physical, emotional, and/or cognitive development of a child; or
- (c) The cumulative effects of consistent inaction or behavior by a parent or guardian in providing for the physical, emotional and developmental needs of a child, or the effects of chronic failure on the part of the parent or guardian to perform basic parental functions, obligations, and duties, when the result is to cause injury or create a substantial risk of injury to the physical, emotional, and/or cognitive development of the child.

Abandonment: A parent or guardian abandons a child when the parent or guardian is responsible for the care, education or support of a child and:

- (a) Deserts a child in any manner whatever with intent to abandon the child;
- (b) Leaves a child without the means or ability to obtain one or more of the basic necessities of life such as: food, water, shelter, hygiene, medical care; or
- (c) Forgoes for an extended period of time, parental duties and obligations.

The Children's Administration works toward improving child safety through the provision of services and supports designed to maintain the following objectives: initiate timely investigations, reduce recurrence of abuse or neglect, improve safety when returning children home, and improve safety for children in out-of-home care.

OBJECTIVE MEASURED BY

Initiate timely investigations
Children seen face to face by a social worker following an accepted referral

An intake social worker must make a determination about the best course of action in responding to any allegation of abuse or neglect based upon the information provided. Social workers rely upon community members to relay information about the nature of suspected abuse or neglect, in addition to adequate information that will aid investigators in identifying and locating the child or children.

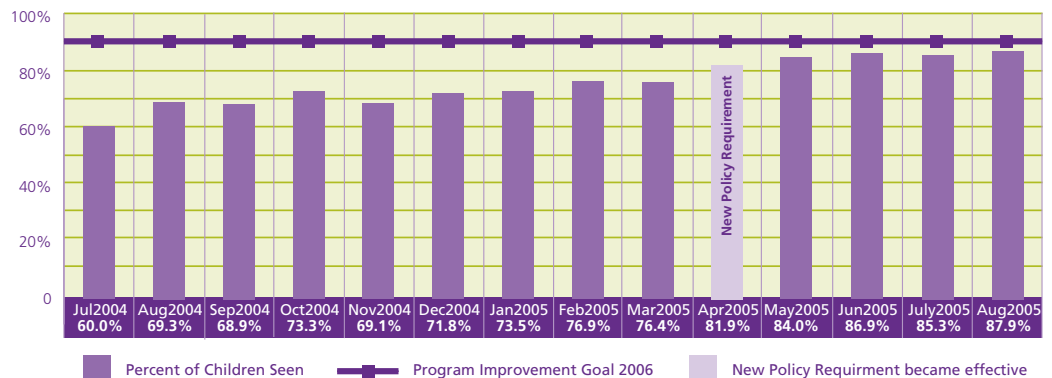
Whenever an intake social worker determines a referred child to be at moderate or high risk of harm, the referral is accepted for investigation by Child Protective Services (CPS) staff. A determination is made about the urgency of the situation and the referral is determined to require an emergent or non-emergent response. In Fiscal Year 2005, the Governor required the administration to expedite the timeliness in which social workers must make face-to-face contact with children in both emergent and non-emergent referrals.

Effective April 29, 2005, when a child meets the legal criteria for being at “imminent risk” of harm, the referral requires an emergent response and an investigating social worker must see the child face-to-face within 24 hours of receipt of the referral. Social workers

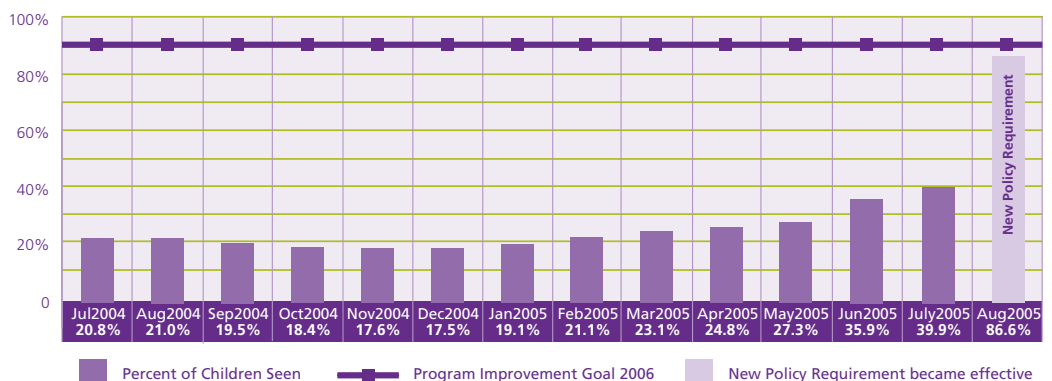
historically were required to initiate the investigation within 24 hours and make face to face contact with the child within ten working days.

Social workers must now make face-to-face contact with children in non-emergent referrals within 72 hours of receipt of the referral, where previously they were required to make face to face contact with the child within ten working days. This new policy became effective August 8, 2005, so limited data was available at the time this document went to press.

Children in Emergent Referrals Seen Within 24 Hours*



Children in Non-Emergent Referrals Seen Within 72 Hours**



* Percent of children seen or attempted within one calendar day as a proxy for 24-hours. The 24-hour calculation will be available for referrals received in September 2005 and forward. Excludes DLR-CPS. Source: CAMIS SER. The federal Program Improvement Plan goal is 90 percent by September 2006.
 ** Percent of children seen or attempted within three calendar days as a proxy for 72-hours. The 72-hour calculation will be available for referrals received in September 2005 and forward. Excludes DLR-CPS. Source: CAMIS SER. The federal Program Improvement Plan goal is 90 percent by September 2006.
 Note: Some data from Fiscal Year 2006 has been included to better reflect the status of recent policy changes.

OBJECTIVE Reduce recurrence of abuse or neglect
MEASURED BY Children who are re-abused

Any child who experiences a founded allegation of abuse or neglect within six months of a previous founded incident of abuse or neglect is considered to be a victim of re-abuse.

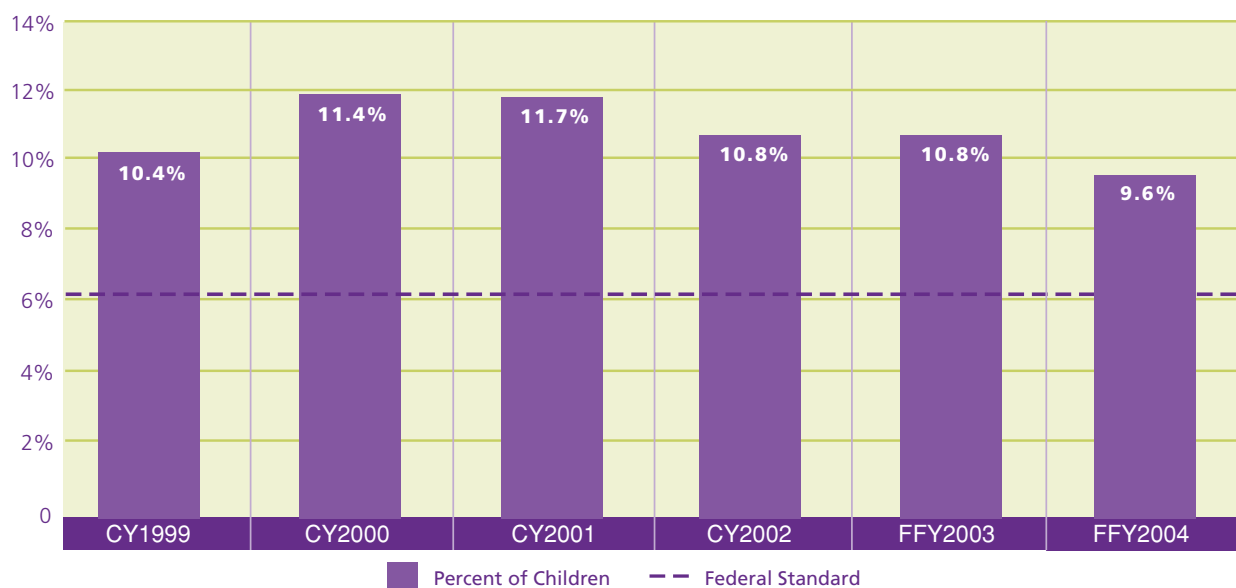
Families that have experienced multiple founded allegations of abuse or neglect warrant additional monitoring and involvement on the part of the Children's Administration. These families have demonstrated that despite increased efforts to support them in creating safe and stable homes, they are unable to secure the safety of the child or children within their care.

The federal standard requires that no more than 6.1 percent of children who have been the victims of abuse or neglect will experience an additional founded allegation of abuse or neglect.

The recurrence rate in Washington State has failed to meet the federal standard throughout the six-year tracking period. Statewide, the rate at which children have been re-abused has varied between 9.6 percent and 11.7 percent.

The administration has worked toward improving practice so that fewer children experience additional incidents of abuse or neglect at the hands of their caregivers, while also examining data tracking and reporting methods in an effort to make statistical reporting more congruent with federal methods.

Children Who Were Re-Abused*



* Percent of children with a founded referral of abuse or neglect who experienced an additional founded referral of abuse or neglect within six months of the initial referral. "Founded" means that an investigation concluded that the event was more likely than not to have occurred. For referrals with multiple allegations, the referral is considered founded if any of the allegations is founded. Data included in this chart is based upon data submitted to the National Child Abuse and Neglect Data System (NCANDS). The federal standard is 6.1 percent or less. In 2002, the federal government changed the required reporting period from calendar year to a fiscal year.

OBJECTIVE MEASURED BY

Improve safety when returning children to their homes
Children who are placed in out-of-home care due to abuse or neglect, returned home, and who must be placed again

The Children's Administration requires families to have a reunification assessment and safety strategies in place, except when otherwise ordered by the court, before children who have been removed from their home can be returned to the care of their families.

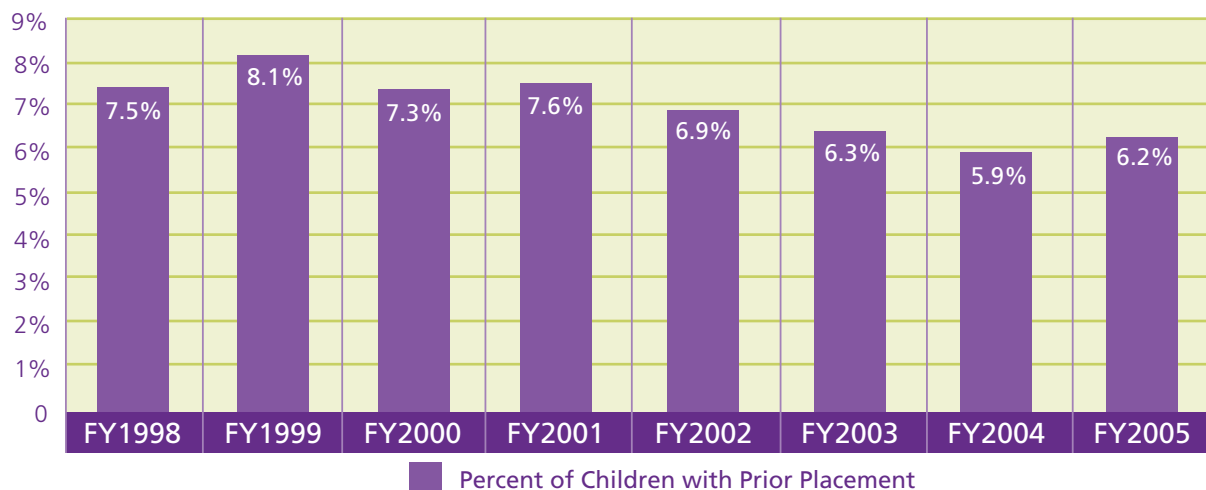
Families must demonstrate that necessary changes have been made and show a willingness to participate in any ongoing services that CA and others involved have agreed are in the best interest of the child or children returning home. These services may include parental attendance in therapy, substance abuse treatment and aftercare programs, anger management or parenting classes, or other educational or supportive experiences that will help parents to better care for their children upon reunification.

After a record low prior placement rate of 5.9 percent in Fiscal Year 2004, the administration saw a slight increase to a rate of 6.2 percent in Fiscal Year 2005.



Ashley G., Age 16

Children in Placement for Reasons of Child Abuse and Neglect with Prior Placement*



* Percent of children placed for abuse and neglect, returned home, and who re-entered placement due to abuse or neglect, within 12 months of exiting their previous placement. Both placements must have lasted for more than three days in order to exclude 72-hour emergency placements due to temporary incapacitation of parents.

OBJECTIVE Improve safety for children placed in out-of-home care
MEASURED BY Children who are abused or neglected in out-of-home care

Foster parenting can be incredibly rewarding. As one foster parent stated at the 2004 Foster Care Month Celebration, “The secret is that we get to live with these children. We get to see them change and heal and grow.” It is also a challenging role; families wishing to foster children must undergo detailed background checks, attend training, and demonstrate competencies in a variety of areas associated with caring for children.

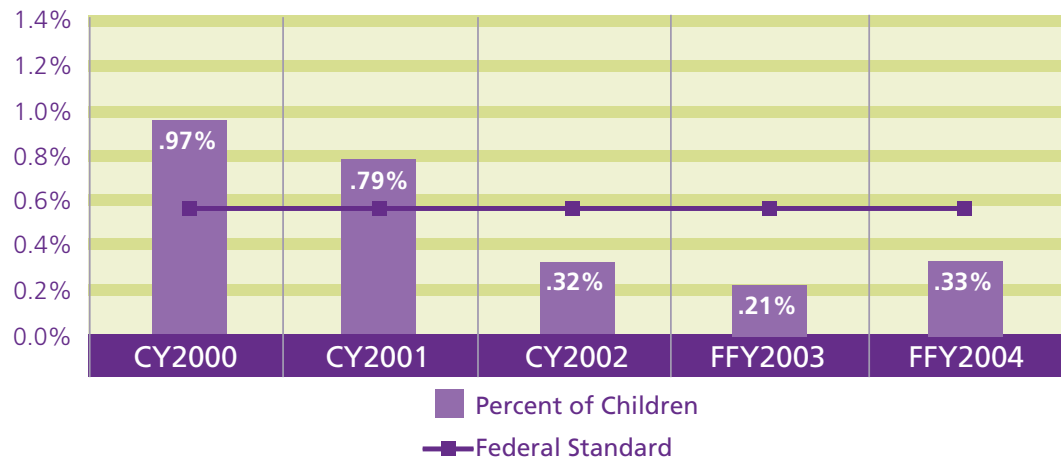
In addition, the homes or facilities where children in state care live must meet strict licensing standards. The buildings and surrounding grounds must be free of health and safety hazards and must offer children adequate personal space and privacy. The administration takes great care to prevent children who have been harmed in their own homes from being harmed in out-of-home care.

It is never acceptable for children to be abused or neglected in state care and the administration has demonstrated considerable progress toward reducing the percent of children who experience abuse or neglect in licensed care. The federal standard requires that less than .57 percent of children in licensed care will experience abuse or neglect while in out-of-home placement. Washington State has shown performance that is better than the standard for the past three years.

The administration has placed greater emphasis upon risk assessment and has made increased efforts to improve training regarding what constitutes a finding of abuse or neglect. A founded allegation means that abuse or neglect more likely than not occurred in the licensed home or facility. This increased emphasis on child safety may explain, in part, the reason for the slight increase in Federal Fiscal Year 2004.

The administration strives to protect all children entrusted to our care and has implemented a more thorough screening process as one means by which an even greater reduction in the percent of founded allegations of abuse in licensed care may be seen in the long term future.

Children Abused or Neglected While in Out-of-Home Placement*



*Percent of children in out-of-home care with a founded referral of abuse or neglect. Data included in this chart is based upon data submitted to the National Child Abuse and Neglect Data System (NCANDS) and the Adoption and Foster Care Analysis and Reporting System (AFCARS). The federal standard is .57 percent or less. In 2002, the federal government changed the required reporting period from calendar year to a fiscal year.

OBJECTIVE Improve safety for children placed in out-of-home care
MEASURED BY Foster homes receiving health and safety checks

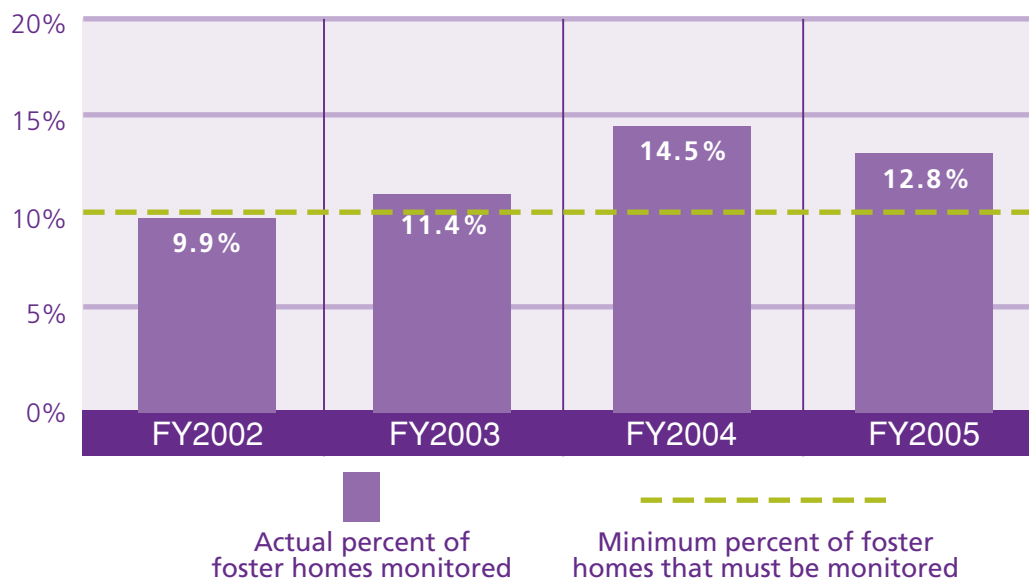
Washington State requires ongoing monitoring of licensed foster homes. Monitoring is to be done by CA on a random sample basis of no less than ten percent of the total licensed family foster homes licensed by the administration on July 1 of each year, and reported annually. (RCW 74.13.260; RCW 74.13.031(5))

Licensors assess the condition of the homes or facilities to make sure that no hazards have arisen since a license was issued and to ensure all licensing standards continue to be met.

The administration has exceeded the state requirement of ten percent of homes monitored for the past three years.



DLR Foster Homes Monitored Annually*



* Percentage of DLR foster homes with a health and safety check completed by the Division of Licensed Resources annually. Source: CAMIS SER.

CHILD FATALITY REVIEW PROCESS

A child's death is tragic not only for the child and his or her immediate and extended family but for the entire community as well. When children die unexpectedly and their death may have been preventable, communities and systems must examine what can be learned from these tragedies. The Children's Administration (CA) has established a process to learn from each fatality and to identify ways to reduce unexpected child fatalities, including those deaths that occur as a result of suicide, accidental injury, third party causes or from abuse or neglect by a parent or guardian.

Since 1998, CA has participated in a child fatality review process in collaboration with the Washington State Department of Health (DOH). The DOH reviews are conducted by community-based teams facilitated by local health jurisdictions in some areas of the state. Unexpected child deaths are reviewed by local teams with the ultimate goal of developing preventative measures by compiling aggregate data to identify factors and trends. DOH publishes child fatality review findings based upon aggregate data.

During the 2003 legislative session, DOH lost funding in all counties that supported local teams and the maintenance of a statewide database. Some local health jurisdictions have opted to continue conducting these reviews despite the loss of funding, while others have ceased operating. CA continues to support and participate on those teams still operating.

CA also conducts separate child fatality reviews to examine public policy and service delivery whenever:

- The child's family had an open case with CA at the time of death,
- The child's family received any services from CA within twelve months preceding the death, including a referral for services that did not result in an open case, or
- The death occurred in a home or facility licensed to care for children.

Child Deaths Meeting Children's Administration Child Fatality Review Criteria

Based upon child deaths reported to the Children's Administration; not all child deaths are reported to the administration.

Children's Administration Statewide Child Fatality Data ¹	CY1997	CY1998	CY1999	CY2000	CY2001	CY2002	CY2003	CY2004
Total number of child fatalities meeting the criteria for internal child fatality reviews	103	79	68	72	108	101	90	85
■ Manner of death - Homicide (abuse)	6	9	4	8	3	7	6	8
■ Manner of death - Homicide (3rd party ²)	10	5	5	2	8	5	8	0
■ Manner of death - Suicide	5	2	2	5	5	3	5	9
■ Manner of death - Natural/Medical	45	39	33	33	61	47	39	24
■ Manner of death - Accidental	36	20	20	21	26	32	21	25
■ Manner of death - Unknown/Undetermined ³	1	4	4	3	5	7	11	19

The purpose of CA's child fatality review process is to conduct a thorough examination of the service delivery in the case; identify any practice, policy or system issues; and make recommendations for improvements addressing child safety, permanency or well being. These reviews are not investigations into the manner or cause of death, because such investigations are conducted by law enforcement agencies, medical examiners and coroners. Participants in child fatality reviews include staff who may have had direct involvement with the family, as well as community professionals whose expertise provides a valuable contribution to the process.

Data collected since 1997 and depicted in the chart on the preceding page reflects all child deaths meeting CA criteria for a child fatality review. This data varies from the DOH aggregate data because the criteria established by DOH for reviewing child deaths differ significantly from that of the Children's Administration.

An Executive Child Fatality Review may be convened by the CA Assistant Secretary in select cases when a child dies of apparent abuse and/or neglect by their parent or caretaker and the case was actively receiving services at the time of the child's death. Participants are appointed by the Assistant Secretary and are individuals that had no involvement in the case, but whose professional expertise is pertinent to the dynamics identified in the case. CA convened two such child fatality reviews during Calendar Year 2004.

CA has continued to improve systems for tracking child fatalities, both through the Case and Management Information System (CAMIS) and the new Administrative Incident Reporting System (AIRS). Both systems provide an electronic alert system notifying appropriate staff in the event of a child's death. AIRS also maintains specific information about the fatality as well as provides a format and recording document for the fatality review. AIRS also collects aggregate data on child fatalities.



¹ Data included in the tables presented is based upon reports as of September 2005, and may change as new reports become available.

² Third party abuse involves the abuse of a child by someone other than that child's parent or guardian.

³ The manner of death was unknown or undetermined by coroners or medical examiners at the time reports were filed with the Children's Administration